

# GUADALUPE PUBLIC CEMETERY DISTRICT

## INTERMENT ORDER

Order # \_\_\_\_\_

The Guadalupe Public Cemetery District is hereby authorized and instructed, subject to District rules and regulations to Inter the remains of:

First Name	Middle Name	Last Name
Last residing at _____,		
In the City of _____, State of _____ Zip Code _____		
To be interred in <u>The Guadalupe Public Cemetery</u> BLOCK: _____ LOT: _____ GRAVE: _____		
In container type _____ provided by _____		

Mortuary: \_\_\_\_\_

Time of Funeral: \_\_\_\_\_ Day: \_\_\_\_\_ Date: \_\_\_\_\_

Place of Funeral / Type of Service: \_\_\_\_\_

I hereby certify that I am the \_\_\_\_\_ (relation to deceased) of the above named decedent and this is my authority to make disposition of the remains of said decedent as indicated above. I hereby certify and represent under penalty of perjury, that all the above stated information is true and correct. I have the right to make the authorization and the decedent is eligible for burial in the cemetery of The Guadalupe Public Cemetery District of Santa Barbara County under provisions of the California Health and Safety Code. Also, I agree to hold the Guadalupe Public Cemetery District of Santa Barbara County harmless from liability from account of said authorization and interment.

*I certify and represent under perjury that I have exerted all reasonable efforts to find others who may have an equal or higher claim to use said Interment Right and I am not aware, to the best of my knowledge, of any opposition to this use of these Interment Rights according to laws of intestate succession as set forth in Section 6400 to 6413, inclusive of the California Probate Code. I understand that a second burial will not be allowed in this grave without the consent of the original purchaser, unless the burial has been contracted for in advance of the first burial.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_